

3628

JTW

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/058,554

Filing Date

January 28, 2002

First Named Inventor

George Zivan

Art Unit

3628

Examiner Name

Kirsten Sachwitz Apple

Attorney Docket Number

7092.3002.001

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Reising, Athington, Barnes, Kisselle, P.C.

Signature

Printed name

Steven L. Permut

Date

12/21/06

Reg. No.

28,388

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Barbara Urwiller

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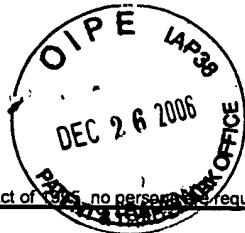
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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH****CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/058,554
Filing Date	January 28, 2002
First Named Inventor	George Zivan
Art Unit	3628
Examiner Name	Kirsten Sachwitz Apple
Attorney Docket Number	7092.3002.001

92x I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name Mr. George Zivan

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City Troy State Michigan Zip 48085

Country United States

Telephone 248-680-1500

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name George Zivan

Date 12/18/06

Telephone (248) 680-1500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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